Illinois Children and Family Services Advisory Council
December 13, 2018 from 3:30 to 5:00 PM
Chicago: 100 W. Randolph 16th Floor Room 504
Minutes

I. Welcome and Introduction: 3:45PM

a. Brittani Kindle; Tim Egan; Marge Berglind; Jill Glick; Bob Bloom;
b. DCFS: Director B.J. Walker; Jeremy Harvey; Theresa Matthews; Margaret Scottellero (Medical Director)
c. Guests: Ooi Senz,

II. Approval of Minutes from September 13th - APPROVED

III. Discussion Item: Creating a sub-group

Discussion: A follow up to the prior conversation related to Jill Glick's proposal to create a sub-group with the targeted goals: 1. To summarize the current states "need" for child abuse consultation- that is to review DCFS reporting data for serious harms. 2. To summarize the current child abuse pediatric resources in our state. 3. To address the barriers to sustaining and increasing this resource. 4. To perform a national review of other state programs. 5. To articulate the needed interagency response to suspected child abuse 6. To propose for review a plan for the increase of resource and interagency collaboration in cases of serious harms and if endorsed to ensure a trajectory for implementation

Decisions:	Point Person(s): Jill Glick

Jill: wanted to look at medical issues. But now there is a project to use Telemedicine to increase access. We should watch this and participate and see how it goes. The issue of the need of child abuse expertise to help DCFS to make quality decisions especially in relation to serious harms, medical neglect. 375 certified doctors in child abuse. Illinois has active 14 doctors. It is a small sub-specialty.

Hospitals struggle with funding this type of work. There is an attrition rate, 30% are retiring in the next 5 years.

Most important is the access to medical professionals. Hoping to support efficiency, and reduce errors. The benefit is looking at the whole child. Resource development ect.

BOB: there was a shooting on the tarmac a few years ago police responded with better training. The faith community has stepped up to this area. How do you really increase the volume of quality trained doctors.

Jill: it is not reporting but it is how do you figure out that a spiral fracture is or is not a child abuse. There is no gold standard. The bio-mechanics behind injuries is one of them. The use of telemedicine, is good….but

there are ways to use the communities to expand and create studies then I could help review cases. The medical providers such as advocate or colleagues on Bloomington. The history +Skeletal studies. I can easily get on the phone in minutes to identify the issue. You could have community based referrals who are expert in the gathering of information.

I have been working with DCFS emerald to take better pictures.

BOB: Is this work ad-hoc or is there a training curriculum

Jill: Lurie, Stroger and Univ. Chicago. We train all residence, we offer a full month course. We know this is impacting primary care providers. They are willing to look and learn…..just want support. The question is about the disparate areas of Illinois, so that they can be triaged.

Dr's need eyeballs in the community.

DCFS is partnering with Lurie to test telemedicine to help bridge the gap on helping identify issues.

DIRECTOR: Lurie approached about an app and the expansion of telemedicine. We have been working through the development of that application. Investigators have MPEEC.

Jill: the challenge is that Dr.'s like Ray Davis, need to be training and spreading knowledge to a larger group of people to improve the quality. The app is a good tool, but you need the clinics that can do the work. The app cannot help ensuring that the child gets the right workup.

DIRECTOR: the app is intended to help guide our staff….maybe help us know you need to take the steps of X, Y, and Z. What is needed, needs to be developed by the hospitals and health care companies.

JILL: we want to help develop medically informed procedures to ensure that they are relevant. We want to expand the trainings to investigators around medical aspects. There is nothing more important than the real-time exchange.

Investigations are still a real challenge, coroners, and medical examiners are limited in the findings that they can make. When 80% of child deaths are via neglect the coroner and medical examiner doesn't have that type of finding. This leaves the department and police limited.

BOB: there seems to be an issue of the number of qualified personnel.

JILL: I do think that the CDRT help us identify how to better access quality care. Children B-3 who have medically complex with challenging parents. Medical coverage is limited and this often means entry into foster care. So we focus on support through intact and providing home nursing. There are serious access issues and MH issues amongst the parents.

DIRECTOR: Telemedicine, is a primary….integrated health home with AMY"S and Lurie providing better care for children. We will see what happens with Managed care….there are more bells and whistles available, and one person who is responsible to ensure quality care.

JILL: but who is managing the care….if it is not a physician who is managing the medicine not just pushing the referrals. The medically complex kiddo's….

DIRECTOR: Current access seems sporadic and accidental, not coordinated or intentional. The managed care will require close monitoring and supervision and quality communications to ensure that the kids who have needs are met. This means oversight.

MARGE: but in managed care you could better coordinate care for youth, and their providers, and their placement. DCFS can only control to a point. There are a lot of folks trying to tell DCFS what to do….DCFS has a variable level of control.

JILL: if we can build some bridges, to develop the relationships, we can help pass the batons more easily.

DIRECTOR: We wrote an addendum that gets as integrated system post-bid. We have put this project on hold again as there is an administration change coming and we need to ensure that we get what we want. Today we don't have a coordinated look at the quality, type, or standard of care being offered to children.

SIDE TOPIC

CHILD ON CHILD Abuse:

Read Anita's Email response in summary

A brief discussion about the challenges with proposed legislation. The Department again stated that they did not believe that they could draft and or create legislation related to this topic. During this discussion, the council again annumerated the complexity in this type of legislative modification. Members mentioned all the work that has gone into just preventing the expansion of harmful legislation. The Chair noted that he has been trying to identify others outside of this council who might be able to craft legislation to change sentencing requirements. Agreement that for this to even have a chance, you must connect to the social issue underlying this, ensure the population there is no additional risk, and identify a way to challenge the social aspects deeply engrained in the topic.

MONITORING:

There was a brief discussion about monitoring and what changes might have been integrated statewide since the pilot began. The Chair asked that Monitoring be prepared to come to the next scheduled meeting and provide a presentation of learnings and changes to date. In addition, he asked for a bit of explanation of a day in the life of a monitor.

TO DO: Follow up with Director and BOB on the topics for the next year

1.) DCFS health care system
2.) Day in the life of monitoring

Meeting Adjourned

Next Meeting: March 14th 2018